

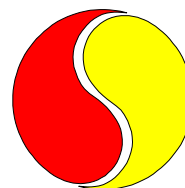


QuickStart Academy

Who? Children ages 4-8 years old.

When? On-going. Wednesdays and Thursdays.

Time: 3:00-3:45 pm both days.



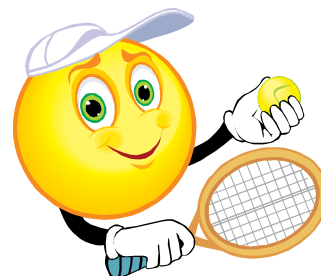
Please note: Occasionally, Oregon or Wild Horse Creek Park courts will be used if necessary. Participants will be notified on the Monday when a day is affected by scheduling.

Format: The QuickStart program is designed to promote the physical and mental well-being of all kids in the program. Emphasis is placed on physical fitness, teamwork and sportsmanship. The program uses an innovative new play format with foam and very low compression balls.

Fee: \$30 monthly for 1 day a week
\$59 monthly for 2 days a week (Discount: \$55 each for more than one child)
Check payable to Andre Squires.

Staff: Directed by Staff Pros, Andre Squires and Jim Hunter (PTR).
Other instructors will be used as needed. Please visit
prca.cobbcountyga.gov for additional information.

Registration: Lost Mountain Tennis Center. Phone (770) 528-8525
4845 Dallas Highway Powder Spring, GA 30127



Water is provided for participants. Participants may bring their own snacks or bring change for the vending machines.

See back of registration for other information.

LOST MOUNTAIN QUICKSTART REGISTRATION

Child's Name _____ Age _____ Date of Birth _____

Street _____ City _____ State _____ Zip _____

Ability level (please check): ☐ Beginner ☐ Intermediate ☐ Advanced

Date(s) registering: _____ ☐ Wednesday 3:00-3:45pm ☐ Thurs 3:00-3:45pm ☐ Both

Parent/Guardian _____ Emergency Phone # _____

E-mail _____

Office Use Only: Amt Paid: _____ Cash ☐ Check ☐ Check # _____ Date: _____ Initials _____

Rainouts/Inclement Weather

If the weather is questionable, please call Lost Mountain Tennis Center @ (770) 528-8525 about 45 minutes prior to the start time to find out status for the day.

Rainouts can be made up during future dates on any day that fits the participant's schedule. Please call Andre Squires at (404) 229-6743 and leave a message regarding the future date/day for which the participant will be making up his/her lost lessons. Please leave a message at least one week prior to make up date(s) so Andre can make arrangements with his staff.

In order that the department assures compliance with ADA (Americans with Disabilities Act), please make the staff who work with the program/facilities aware of any specific physical or service accessibility need, so that we can reasonably accommodate your request.

Release and Hold Harmless Agreement - Permission to Provide Emergency Medical Treatment

Realizing the nature of this program, its physical demands and how important it is to follow rules, regulations, and instructions outlined by the staff of the Cobb County Parks, Recreation and Cultural Affairs Department, I am, to the best of my knowledge, in good health and able to participate in the program. I authorize the staff of the Cobb County Parks, Recreation and Cultural Affairs department to organize and required medical or first-aid procedure, or to take the undersigned to a hospital emergency room treatment. If any major treatment is required, I understand that every effort will be made to notify the individual indicated as emergency contact beforehand by telephone.

The undersigned hereby forever releases, discharges, and covenants to hold harmless the Cobb County Parks, Recreation and Cultural Affairs Department, the Cobb County Recreation Board, the Cobb Arts Board, the Cobb County Board of Commissioners and Cobb County, Georgia and any other person, firm, corporation charged or chargeable with responsibility or liability, their heirs, administrators, executors, successors and assignees from any and all claims, demands, damages, costs, expenses, loss of services, actions and causes of action belonging to the undersigned or arising out of any act or occurrence in connection with and particularly on account of all personal injury disability, property damage, loss or damages of any kind sustained or that may hereafter be sustained arising out of the matters described herein or in consequence of the participation in the recreation program sponsored by the Cobb County Parks, Recreation and Cultural Affairs Department. The undersigned hereby bind their heirs, administrators, executors and successors. Further, this agreement shall apply to all unknown and unanticipated injuries and damages directly or indirectly resulting here-from. This Release and Hold Harmless Agreement shall constitute a full and complete release of any and all claims.

Date: _____ BY: _____
Signature of Participant

Date: _____ BY: _____
Signature of Parent or Guardian

Signature of participant and parent/guardian are both required if participant is under age 19, or is registered for a program for the mentally or physically challenged, or other special population member.